

Needham Public Health Department

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Disposal of Sharps Permit Application –

Fee Make check payable to This is (please check one) Town of Needham/ Health Department a renewal application a new application Name of establishment: Phone: Fax: Acupuncturist(s): _____ Phone: _____ Emer. Phone: _____ Number of treatment rooms = Are restrooms available on site? If yes, how many? ____ Please list their locations: Are linens cleaned on site? Y N. If not, where are they cleaned? Where are the clean and dirty linens kept on site? List current procedures used to handle medical waste and disposal of sharps, etc. Also describe storage of medical waste on site, where located, etc. (bags of waste, sharps containers, etc.) -Company contracted to pick-up medical waste: Address: _____ Phone: _____ Current pick-up schedule (# days/week): _____ (Please submit a copy of a recent pick-up receipt) List current State License # and Provider's Name for your establishment. (*Please provide copies of* each acupuncturists' certification licenses/cards): Address: _____ Phone: _____

Applicant's Name: _____ (sign) Date: _____

(print)